

Videotape Acknowledgement and Consent Form

I, _____, understand that SpeechKids, LLC, subcontractors and associates may use the videotape(s) of my child and me for diagnostic and treatment planning purposes.

I further consent to the use of the videotapes for SpeechKids, LLC, subcontractors and associates to use in training personnel in the health care and education fields. I understand that if our videotape is used for training purposes, I will be informed of this intention. I understand that my family's identify will be protected and our privacy will be respected by disclosing only those details about my child and the treatment process that are necessary for training purposes. Accordingly, I relinquish any and all rights that I/we might have in connection with the videotapes.

I have reviewed this form and understand all of its terms. I have had the opportunity to ask questions concerning this form and any questions that I have asked have been answered to my satisfaction.

Signature of Parent or Legal Guardian

Date

Witness

Date

Child's Name

Date